
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts

Group Art Unit: 2665

Application No.: 09/855,804

Examiner: Jason E. Mattis

Filed: May 16, 2001

Matter No.: BS00337

Title: "Priority Caller Alert"

⁶⁵⁰⁰
VIA FACSIMILE 571-273-8300

Attention: Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 4-13-07 (date of transmission).

CYNTHIA BREAU
Name of Person Faxing This Paper

Cynthia Breau
Signature

4-13-07
Date of Transmission

REQUEST FOR REFUND

This Request is submitted to the Office to request a refund in the amount of \$180.00 paid on November 10, 2005 as the IDS fee was submitted after the mailing of the Request for Continued Examination prior to the mailing of the next Office Action in this application, so therefore a certification fee is not believed to be required (37 CFR § 1.97b(3)). Please provide a refund to credit American Express credit card number [REDACTED].

If any questions arise, the Office is requested to contact the undersigned at (757) 253-5729 or bambi@wzpatents.com.

Respectfully submitted,



Bambi F. Walters, Reg. No. 45,197
Attorney for Assignee
PO Box 5743
Williamsburg, VA 23188
Telephone: 757-253-5729

Date: APRIL 13, 2007

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/855,804
	Filing Date	May 16, 2001
	First Named Inventor	Linda Ann Roberts
	Art Unit	2665
	Examiner Name	Jason E. Matfis
	Attorney Docket Number	BS00337
Total Number of Pages in This Submission: 9		
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Name (Print/Type)	Bambi Faivre Walters	Reg. No.: 45,197
Signature	<i>Bambi Faivre Walters</i>	
Date	APR 13, 2007	

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Cynthia O. Breaux	Date	4-13-07
Signature	<i>Cynthia O. Breaux</i>		

USPTO
TO: Auto-reply fax to 757253729 11/10/2005 11:55 AM PAGE 1/000 Fax Server COMPANY:

00337 ✓

Auto-Reply Facsimile Transmission



TO: Fax Sender at 757253729
Fax Information
Date Received: 11/10/2005 11:50:05 AM [Eastern Standard Time]
Total Pages: 7 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

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Cover
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>													
Total Number of Pages in This Substantive: 7	<table border="1"> <tr> <td>Application Number</td> <td>95/081,801</td> </tr> <tr> <td>Filing Date</td> <td>May 14, 2001</td> </tr> <tr> <td>First Name/Inventor</td> <td>John A. Kozicki</td> </tr> <tr> <td>Art Unit</td> <td>2605</td> </tr> <tr> <td>Examiner Name</td> <td>Joan E. Micks</td> </tr> <tr> <td>Attorney Contact Number</td> <td>60322327</td> </tr> </table>	Application Number	95/081,801	Filing Date	May 14, 2001	First Name/Inventor	John A. Kozicki	Art Unit	2605	Examiner Name	Joan E. Micks	Attorney Contact Number	60322327
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ENCLOSURES <small>(list all attachments)</small>													
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Filed <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Office Patent/Trademark Application <input type="checkbox"/> Response to Mailing Puts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unexamined Papers <input type="checkbox"/> PCT/ISA <input type="checkbox"/> PCT/ISA to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Notice of Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request to Refuse <input type="checkbox"/> CO, Number of CO(s) Remarks:												
<input type="checkbox"/> After Appropriate Communication is Given <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appellate Review, Brief, Reply Brief) <input type="checkbox"/> Regulatory Information <input type="checkbox"/> Data Late <input type="checkbox"/> Other (describe) (please identify clearly)													
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Name (Print/Type) <u>Barclay F. Walters</u> Reg. No. <u>6,187</u> Signature <u>[Signature]</u> Date <u>11/10/05</u>													
CERTIFICATE OF TRANSMISSION (RAC 100) I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage and first class mail to an envelope addressed to: Commissioner For Patents, PO Box 1418, Alexandria, VA 22304-1418 as the date shown below. Name (Print/Type) <u>Massimo M. Perillo</u> Date <u>11/10/05</u> Signature <u>[Signature]</u>													

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/Declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation
Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)

Remarks:

☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals
and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature

Bambi Faivre Walters

Date

11/9/05

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)

Maureen M. Pettine

Date

11/10/05

Signature

Maureen M. Pettine

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts Group Art Unit: 2665
Application No.: 09/855,804 Examiner: Jason E. Mattis
Filed: May 16, 2001
Title: "Priority Caller Alert"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 10, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 11/9/05

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
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First Named Inventor	Linda Ann Roberts
Examiner Name	Jason E. Mattis
Art Unit	2865
Attorney Docket No.	BS00337

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 18-2167 Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>		
— 20 or HP = —	x —	= —
<u>Multiple Dependent Claims</u>		
Fee (\$)	Fee Paid (\$)	
—	—	

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
— 3 or HP = —	x —	= —	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
— 100 = —	/ 50	(round up) x —	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

SUBMITTED BY:

Name (Print/Type)	Registration No. (Attorney/Agent)	Complete (if applicable)	Telephone:
Bambi F. Walters	45,197		(757) 253-5729
Signature	Date		
Bambi F. Walters	11/9/05		

NOV 10 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Group Art Unit: 2665

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

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(37 CFR § 1.97(b)(3)).

Adjustment date: 04/24/2007 SFELEKE1
11/14/2005 MBINAS 00000003 09855804
01 FC:1806 -180.00 OP

11/14/2005 MBINAS 00000003-09855804

01 FC:1806

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